





<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/607,863	VASSILIOU, EUSTATHIOS	
	Examiner	Art Unit	
	Flemming Saether	3677	

ISSUE CLASSIFICATION										
ORIGINAL				CROSS REFERENCE(S)						
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
411	173			411	182	112				
INTERNATIONAL CLASSIFICATION										
F	1	6	B	37/04						
				/						
				/						
				/						
				/						
				 <b>Flemming Saether</b> Primary Examiner (Primary Examiner)				Total Claims Allowed: 24  O.G. Print Claim(s): 1 O.G. Print Fig: 20		
(Assistant Examiner) (Date)  (Legal Instruments Examiner) (Date)				9-6-04 (Date)						

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant												<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1			31			61			121			151			181	
	2			32			62			122			152			182	
	3			33			63			123			153			183	
	4			34			64			124			154			184	
	5			35			65			125			155			185	
	6			36			66			126			156			186	
	7			37			67			127			157			187	
	8			38			68			128			158			188	
	9			39			69			129			159			189	
	10			40			70			130			160			190	
	11			41			71			131			161	1		191	
	12			42			72			132			162	2		192	
	13			43			73			133			163	6		193	
	14			44			74			134			164	3		194	
	15			45			75			135			165	8		195	
	16			46			76			136			166	9		196	
	17			47			77			137			167	12		197	
	18			48			78			138			168	5		198	
	19			49			79			139			169	7		199	
	20			50			80			140			170	4		200	
	21			51			81			141			171	11		201	
	22			52			82			142			172	10		202	
	23			53			83			143			173			203	
	24			54			84			144			174			204	
	25			55			85			145			175	13		205	
	26			56			86			146			176	14		206	
	27			57			87			147			177	18		207	
	28			58			88			148			178	15		208	
	29			59			89			149			179	20		209	
	30			60			90			150			180	21		210	

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ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
INTERNATIONAL CLASSIFICATION											
				/							
				/							
				/							
				/							
				/							
(Assistant Examiner) (Date)					(Primary Examiner) (Date)					Total Claims Allowed:	
(Legal Instruments Examiner) (Date)										O.G. Print Claim(s)	O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
24	211		241		271		301		331		361		391		
17	212		242		272		302		332		362		392		
19	213		243		273		303		333		363		393		
16	214		244		274		304		334		364		394		
23	215		245		275		305		335		365		395		
22	216		246		276		306		336		366		396		
	217		247		277		307		337		367		397		
	218		248		278		308		338		368		398		
	219		249		279		309		339		369		399		
	220		250		280		310		340		370		400		
	221		251		281		311		341		371		401		
	222		252		282		312		342		372		402		
	223		253		283		313		343		373		403		
	224		254		284		314		344		374		404		
	225		255		285		315		345		375		405		
	226		256		286		316		346		376		406		
	227		257		287		317		347		377		407		
	228		258		288		318		348		378		408		
	229		259		289		319		349		379		409		
	230		260		290		320		350		380		410		
	231		261		291		321		351		381		411		
	232		262		292		322		352		382		412		
	233		263		293		323		353		383		413		
	234		264		294		324		354		384		414		
	235		265		295		325		355		385		415		
	236		266		296		326		356		386		416		
	237		267		297		327		357		387		417		
	238		268		298		328		358		388		418		
	239		269		299		329		359		389		419		
	240		270		300		330		360		390		420		